

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445486	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  03/27/2017
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NAME OF PROVIDER OR SUPPLIER

RIDGETOP HAVEN HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

2002 GREER ROAD  
RIDGETOP, TN 37152

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS	K 000		
K 223 SS=D	<p>A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 03/27/2017. During this Life Safety Survey, Ridgtop Haven Health Care Center was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2012.</p> <p>The requirement at 42 (CFR), Subpart 483.70(a) is NOT MET as evidenced by:</p> <p>NFPA 101 Doors with Self-Closing Devices</p> <p>Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This STANDARD is not met as evidenced by: Based on observations and testing, the facility failed to maintain the Doors with Self-Closing Devices.</p>	K 223	<p>On March 27, 2017 the exit sign was repositioned to not impede the closure of the fire doors. On April 17 2017 the Maintenance Director replaced the exit sign in front of fire door with a shorter sign that would allow more clearance for the fire door.</p> <p>On March 31, 2017 all other fire doors and exit signs were inspected by the Maintenance Director and no other issues were identified. The inspection of proper closure for the fire doors has been added to the preventative maintenance schedule.</p> <p>On April 12, 2017 the Maintenance Director was in-serviced by the Administrator on the importance of maintaining the proper closure of fire doors.</p> <p>The Administrator or designee, on an ongoing basis, will monitor compliance during compliance rounds. Findings from the compliance rounds will be referred to the Safety Committee for review and resolution.</p>	4-17-17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CENTERS FOR MEDICARE & MEDICAID SERVICES

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K 223	Continued From page 1. The findings included:  Observations on 3/27/17 at 11:27 AM, revealed the exit sign installed above the smoke barrier door obstructed the door from closing fully within the door frame. NFPA 101, 8.3.3.1 (2012 Edition), NFPA 80, 7.1.4 (2010 Edition), NFPA 80, 6.1.4.2 (2010 Edition).  This finding was verified by the maintenance director during the facility tour and was acknowledged by the administrator during the exit conference on 3/27/17.	K 223		
K 353 SS=F	NFPA 101 Sprinkler System - Maintenance and Testing  Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked b) Who provided system test c) Water system supply source  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on observations and document review, the facility failed to maintain the sprinkler system.	K 353	On April 5, 2017 the Maintenance Director cleaned the sprinkler heads in room 2, room 4 and in the dining room. On May 5, 2017 a 50 year test is scheduled with the contract company for the sprinkler system.  On April 5, 2017 all other sprinkler heads were inspected by the Maintenance Director and no other issues were identified. The inspection of cleaning sprinkler heads and sprinkler system has been added to the preventative maintenance schedule.  On April 12, 2017 the Maintenance Director was in-serviced by the Administrator on the importance of maintaining dusty free sprinkler heads and all sprinkler system testing.  The Administrator or designee, on an ongoing basis, will monitor compliance during compliance rounds. Findings from the compliance rounds will be referred to the Safety Committee for review and resolution.	S-13-17

## CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

OMB NO. 0938-0391

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K 353	<p>Continued From page 2</p> <p>The findings included:</p> <p>1. Observation on 3/27/17 at 11:22 AM, revealed the sprinklers were loaded with foreign material (lint) in the following areas:</p> <ul style="list-style-type: none"> <li>a. Room 2 (2 of 2)</li> <li>b. Room 4 (2 of 2)</li> <li>c. Dining Room</li> </ul> <p>NFPA 101, 19.3.5.1 (2012 Edition), NFPA 101, 9.7.1.1 (2012 Edition), NFPA 13, 26.1 (2010 Edition), NFPA 25, 5.2.1.1.2 (2011 Edition).</p> <p>2. Observation and document review on 3/27/17 at 11:52 AM, revealed the facility failed to conduct the required 50 year sprinkler test as noted on the quarterly sprinkler inspection report. NFPA 101, 19.3.5.1 (2012 Edition), NFPA 101, 9.7.1.1 (2012 Edition), NFPA 13, 26.1, NFPA 25 5.3.1.1.1 (2011 Edition).</p> <p>This finding was verified by the maintenance director during the facility tour and was acknowledged by the administrator during the exit conference on 3/27/17.</p>	K 353		